

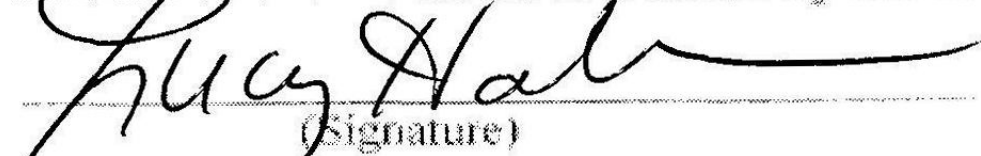
STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER CHAMBERLAIN/OACOMA SUN		2. DATE 9-24-07
3. FREQUENCY OF ISSUE Weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY 52	3B. ANNUAL SUBSCRIPTION PRICE \$ 26.50
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) PO Box 672 Chamberlain, SD 57325		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) PO Box 672 Chamberlain, SD 57325		
6. FULL NAME OF PUBLISHER: Kim & Lucy Halverson		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.)		
FULL NAME	COMPLETE MAILING ADDRESS	
K.L.H., LLC Kim & Lucy Halverson	PO Box 518 Presho SD 57568	
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.) Dakota Prairie Bank		
9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run)	800	1000
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors and counter sales.	164	251
2. Mail Subscription (Paid and or requested)	447	370
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	611	621
D. FREE DISTRIBUTION	1	1
1. BY MAIL, CARRIER OR OTHER MEANS		
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	1	1
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	613	623
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing	187	377
2. Return from News Agents		
G. TOTAL (Sum of E, F1 and F2 - Should equal net press run shown in A)	800	1000

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete:


(Signature)

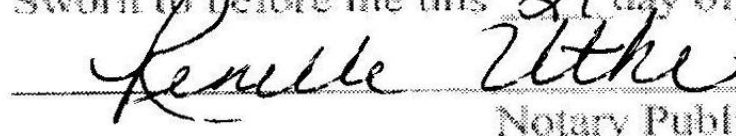

(Title)

State of South Dakota)

County of Lynn)

(Seal)

Sworn to before me this 24 day of Sept, 2007


Notary Public

My commission expires:

RENELLE UTKE
NOTARY PUBLIC - SOUTH DAKOTA
My Commission Expires
September 20, 2013